

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: MAY 22, 2019 Case Number: 19-83

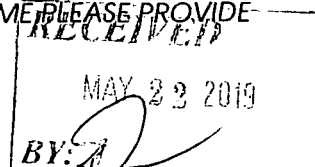
A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Gurjit Sandhu
Premise Name: CHRISTOWN ANIMAL HOSPITAL
Premise Address: 5103 N 19th Ave
City: PHOENIX State: AZ Zip Code: 85015
Telephone: 602-246-7351

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: MARIE BLECHMAN
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME, PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: PINKY BLECHMAN

Breed/Species: BIJON POODLE

Age: 7 MONTHS Sex: FEMALE Color: WHITE

PATIENT INFORMATION (2):

Name: SCRUFFY

Breed/Species: BIJON POODLE

Age: 4 YEARS Sex: MALE Color: WHITE

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Gurjit Sandhu AND HIS ASSISTANTS

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

JOSEPHINE SHAYEB LEUTZ WITNESSED CARE NEGLIGENCE

ELIJAH BLECHMAN WITNESSED CARE NEGLIGENCE

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 05/20/2019

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

I am kindly requesting the board investigate the following care my pets recieved while in the care of ChrisTown animal hospital in Phoenix, Arizona.

On May 17/2019 and May 8/2019 I trusted my ill pets, a 7 months old bijon poodle "Pinkly" and 4 years old Bijon Poodle "Scruffy" to Dr.Gurjit Sandhu, at Christ Town Animal Hospital for follow on what they were diagnosed with Parvos virus a day earlier at another animal hospital.

Dr.Gurjit Sandhu examined them and gave me the option to treat them at home with prescribed medications or keep them with himat his facility for closer medical attention. He quoted me a package fee of \$700.00 each x three days hydration, medications and close attention leading with 95% survival rate as oppose to caring for them at home with 60% survival rate. He asked me to sign a form acknowledging that his facility closes at 7 pm every day but failed to tell me there will be no staff attending to critically ill pets placed on an IV pumps.

I agreed for him to care for her for the next three days promising they will be hydrated around the clock. I visited them 2-3 times daily and daily i observed them getting worse but this was expected as Parvo, a horrible virus but i believe negligience played a huge part in losing them, because at any given time I visited my pets 'pinkly' and "Scruffy" i noticed their lv pumps was not working, soaked in their diareah, urine and vomit. I had to ask staff to immediately clean them up and fix their IV pumps. they were placed in a Kennel in a back room of the facility in what appeared to be a storage room without direct care, what was worse, this was ongoing for three day where every morning I was there, Pinky's IV pump would not be working meaning Pinky had no hydration all night while the facility was closed and no staff to supervise. I met with Dr.Gurjit Sandhu on the third day in the A.M expressed my concerns and discussed Pinky's condition. He informed that she was ok to take home if there were no changes by 5 P.M. I came back at 2 P.M to check on her and discharge her a bit earlier but Dr.Gurjit Sandhu was very busy and asked my to come back later. I returned at 5 P.M but. Dr.Gurjit Sandhu was gone for the week per staff. I checked on Pinky, all excited to take her home and what I observed was very traumatic, she was laying there, unattended, incoherent, moaning and groaning and having difficulty breathing. I yelled for staff to help, only one there, she informed that she is in no position to do anything, she pulled Pinky out of her Crate and placed her on a dirty towel and adminstered sugar water via syrinage in her mouth without a response. Staff said that she thought she was dead. I disagreed since I observed some shallow breathing.

I asked her if Dr.Gurjit Sandhu had left some instructions and she said No, so, Immediately, I wrapped Pinky in a towel and rushed her to Alta Vista Animal hospital where she was attended to but unfortunately I had to put her to final sleep. she was so dehydrated and neglected while she was in Dr.Gurjit Sandhu care.

The next day, I went to check on my second pet Scruffy and he was not doing well, another vet was present in place of Dr.Gurjit Sandhu, he informed that he had no knowledge on what took place with Pinky and had no idea what to do with Scruffy since he did not know anything about his treatment, he declined that Dr.Gurjit Sandhu lhad eft him any instructions upon takinghim home and no prescribed medications.

As with my other pet Pinky, I wrapped Scruffy up and took him home. He kept vomitting and having diareah, the next morning I took him to AltaVista Hospital where he went to final sleep.

CONTINUED FROM PAGE 1.

F. ALLEGATIONS AND/OR CONCERNS

1-I strongly believe that Dr.Gurjit Sandhu has no business taking on critically ill pets if he is not providing supervision around the clock

2- My pets was neglected where iv pump would malfunction regularly meaning they were not hydrated around the clock as promised.

3- Dr.Gurjit Sandhu abandoned their care by leaving the facility knowing he had critical pets leaving me no follow up instruction or prescribed medications to ease their discomfort.

4- My pets were treated inhumanely and no animal should have to go through what Pinky and scruffy went through in the care of what is suppose to be a Liscensed Veterinarian in the State of Arizona.

5- I am asking the board to carefully investigate Dr.Gurjit Sandhu practice and I further ask the board to

make him refund my \$1400.00 dollars I paid, in addition to \$270.00 I paid for Alta Vista Hospital to look

after my pets in their last moments when Dr.Gurjit Sandhu abandoned them.

June 12, 2019

Arizona State Veterinary Medical Examining Board
1740 West Adams Street, Suite 4600
Phoenix, Arizona 85007

In re: 19-83 (Gurjit Sandhu, DVM)

To Whom It May Concern:

On May 7, 2019, the owner, Ms. Blechman presented the first of the two dogs that I treated, Pinky, at our hospital with a parvovirus history that had been diagnosed and treated at Alta Vista Hospital. The owner reported that Pinky had been vomiting, had diarrhea, was lethargic and had not been eating even after having been given a Cerenia injection.

I conducted a physical exam and noted that she was very lethargic, had sunken eyes and was dehydrated approximately 5%. The owner told me that Pinky was the runt of the litter and gets sick very often. I told her that, given the dog's weak condition, her best option was to go to the EAC for 24-hour care. The owner declined my referral recommendation due to cost. The offer of the referral and her decline due to cost were contemporaneously written in the medical record.

The owner specifically told me that she couldn't afford the EAC or expensive care because her sister was going to be the one paying for it. We then discussed different options we could offer. The first option was to bring Pinky in every morning at 8:00 and pick her up when we close at 6:30 p.m. for 3 days for IV fluids and treatment. This would cost approximately \$700. The second option was to bring her in every day for 3 days for SQ fluids and this would cost \$135 every day. The third option was for home care, which involved home administered fluids and medications and would cost \$380. During this discussion I specifically told the owner that no one would be present at the facility to provide care overnight because we are not a 24-hour facility, as is conspicuously posted at our facility. (See enclosed photos).

I encouraged the owner to go with the first option if she could not afford to go to the EAC. The owner opted for the first option but wanted to leave Pinky with us overnight because she said she couldn't take her home. Because her sister is a long-time client of ours, we agreed to keep Pinky overnight without any additional charges. We did this as a favor to her and her sister and we explained to her that we are not a 24-hour facility and that nobody would be there overnight. We also told her she would have to sign a waiver form acknowledging this, which she did.

As you can see in the enclosed medical records and transcript, we inserted an IV catheter and started treatment. The owner visited three to four times on May 7, 2019 to check on Pinky and was very happy with our care and treatment. Every time the owner she came in, we answered all of her questions or other concerns. In that regard, the owner never

once complained or voiced a concern about the cleanliness of our facility or the operation of our IV pump.

Also, later on May 7, 2019, the owner returned and brought in another pet named Scruffy with similar symptoms. We tested for parvovirus and the test was positive. I again discussed the parvovirus disease and all the options and repeated that the best option was for her to take Scruffy to the EAC for 24-hour care. In response, she said that she could only afford SQ fluids with daily treatment for him.

At 8:00 a.m. on May 8, 2019, the owner arrived with Scruffy. She expressed satisfaction with our care and treatment for Pinky and said that she wanted the same for Scruffy, with the same condition that we will keep her overnight. Once again, we explained that we are not a 24 hour facility and that she would have to sign another waiver acknowledging that she understood this. Once again, she signed the form. We started treatment and the owner continued to visit her pets 2-3 times each day. When she did, I personally answered any questions she had regarding their care and never once voiced a concern about the quality of our IV pump or cleanliness of our facility.

Here is what transpired over the following days:

May 8, 2019: In the morning, Pinky looked slightly better but around noon she vomited a big pile of blood and started breathing heavy in the presence of the owner. I requested owner to take her to EAC for possible blood transfusion. She called her sister and declined to go to EAC because had no money. She also declined any additional diagnostics. She just wanted to keep her at our facility. I gave Pinky a poor prognosis and told the owner that she might not make it overnight. As a result, I also gave the owner the option of human euthanasia, which was declined.

On this day Scruffy was initially very lethargic but he was doing better by the end of the day.

May 9, 2019: Pinky was not doing well. The owner visited at 9 a.m. and I discussed with her that the prognosis was very poor. Again, I discussed the options of going to the EAC or euthanasia. That referral is also noted in the record. Unfortunately, the owner declined again and just wanted to keep Pinky on an IV and she said she would pick her up 5:00 p.m. The owner came back at 2:00 p.m. and the condition was the same, no improvement. She again said that she would be back by 5:00 pm. I waited till 5:15 p.m. and then disconnected the fluid to get her ready to take home. When the owner came in around 5.30 p.m., she picked up Pinky from the kennel and she vomited again and started breathing heavy. A technician asked the owner if she wanted to call me and that he would be available if she needed me. She never called. It is my understanding that the owner went back to Alta Vista and elected to euthanize Pinky.

On this day, Scruffy was doing better but was still not interested in food. When I met with the owner in the morning, I discussed Scruffy's improvement but recommended another day of treatment beyond the original recommendation, which the owner declined due to costs. She indicated that she had the fluid and meds at home and would administer them herself because she had previously worked as a vet tech.

I advised the owner that I would be in the following day at 7:00 a.m. and would discuss her intentions with my assistant Heather. I told her I would be out of the clinic most of the day but told her she could call me anytime. Despite my recommendation that Scruffy be kept an extra day, the owner indicated that she wanted to pick her up around 11:00 a.m. on May 10th.

May 10, 2019

When I came in at 7:00 a.m. we administered the morning treatment for Scruffy. We tried to hand feed him and he ate a little bite of ID food. I tried to call the owner to let her know that he looked better and got no answer. Before I left for the day, I told my assistant Heather that the owner was taking Scruffy home on this day. I told Heather that if Scruffy was picked up in the afternoon she should give him the evening treatment before he is picked up. I later received a note from Heather that the owner picked Scruffy up at 2.30 p.m. and had declined to take any medication to go home. This was the last time we saw either of these two dogs.

In sum, we provided the best possible care that we could give within the limitations the owner placed upon us by declining our treatment options and repeated recommendations to transfer care to the EAC due to a lack of money. Unfortunately, our hands were very much tied.

Also, this complaint came as a very big surprised because during the course of our working relationship the owner was extremely appreciative and complimentary. I suspect that the motivation behind the complaint may be financial as the owner is seeking not only a refund of charges that were legitimately incurred at our facility but she is also asking for funds she paid to Alta Vista Hospital.

With regard to cleanliness of our facility and claim that our IV pump was covered in urine, vomit and diarrhea every time the owner came to our facility, this is not true. If it were true, why would the owner not only keep her first dog with us but also bring in her second dog for overnight treatment at such a facility.

Finally, I resent the claim that I "abandoned" the care of these two dogs. If anything, I went above and beyond what we normally do for pets by agreeing to keep them overnight. This was done at the owner's request, after she was fully advised that we are not a 24-hour care facility and after she signed waivers acknowledging that understanding. Also, you should know that on the day I left early, when the owner took Scruffy home, we had a relief vet on duty the entire time I was gone. Thank you.



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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM

STAFF PRESENT: Tracy Riendeau, CVT – Investigations
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General

RE: Case: 19-83
Complainant(s): Marie Blechman
Respondent(s): Gurjit Sandhu, D.V.M. (License: 4213)

SUMMARY:

Complaint Received at Board Office: 5/22/19
Committee Discussion: 8/6/19
Board IIR: 9/18/19

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On May 7, 2019, "Pinky," a 7-month-old female Bichon mix and "Scruffy," a 4-year-old male Bichon mix was presented to Respondent for care and treatment of parvo virus. The dogs were hospitalized on IV fluids for approximately two - three days.

According to Complainant, the dogs were not cared for as promised by Respondent and responded poorly to treatment. She took them to Alta Vista Animal Hospital where they were humanely euthanized due to their declining condition.

Complainant was noticed and appeared.

Respondent was noticed and appeared with Counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Marie Blechman*
- Respondent(s) narrative/medical record: *Gurjit Sandhu, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Alta Vista Animal Hospital*

PROPOSED 'FINDINGS of FACT':**PINKY:**

1. On May 6, 2019, the dog was presented to Dr. Sarnelli at Alta Vista Animal Hospital due to lethargy, vomiting and diarrhea. The dog was examined; the parvo snap test was positive and Dr. Sarnelli recommended hospitalization – Complainant declined hospitalization and transfer to a 24 hour facility. Complainant reported that there were two other adult unvaccinated dogs in the home. Dr. Sarnelli advised her to isolate the dogs and monitor for symptoms along with proper sanitation.

2. After further discussion, Complainant approved treatment until the premises closed which included blood work, IV catheter, fluids, Cerenia and Convenia. Complainant reported that she had SQ fluids at home from another vet for another dog being treated recently – no records were available at that time. After treatment, Dr. Sarnelli discharged the dog and gave instructions to have the dog rechecked the following day or bring to an emergency facility if the pet declined further. Needles for the SQ fluids were sent home as well as two cans of a/d.

3. On May 7, 2019, the dog was presented to Respondent due to no improvement after being diagnosed with parvo at another premises. Upon exam, the dog had a weight = 7.1 pounds, a temperature = 100.9 degrees, a heart rate = 146bpm and a respiration rate = 38rpm. Respondent noted the dog was lethargic and dehydrated and had sunken eyes. Complainant was advised that a 24 hour emergency facility would be best to treat the dog. Complainant declined due to financial constraints. Respondent gave options for treatment:

- a. Bring the dog in daily for IV fluid treatment from open to close for 3 days - \$700;
- b. Bring the dog in daily for SQ fluid treatment - \$135 per day; or
- c. Home care – Complainant to treat at home with medications provided by Respondent - \$380.

4. After discussion, Complainant elected daily IV fluid treatment however she wanted to keep the dog at Respondent's premise overnight – Respondent explained that no one would be staying with or monitoring the dog overnight. Complainant signed authorization for hospitalization; according to Respondent, Complainant understood the premise was not staffed 24 hours.

5. The dog was hospitalized. An IV catheter was placed and LRS 1 liter with 20mLs of 50% dextrose was initiated – 50mLs were bolused then the rate was decreased to 15mL/hr. The following was to be administered to the dog while hospitalized:

- a. Ampicillin 50mg SQ twice daily;
- b. Metacam 5mg/mL, 0.1mL SQ once daily;
- c. Cerenia 2mg SQ once daily;
- d. Cimetidine 50mg SQ twice daily; and
- e. Entice 30mg/mL, 0.4mL orally twice daily.

6. On May 8, 2019, the dog had received 385mLs of LRS; there was some vomit and diarrhea in the cage but overall the dog appeared improved. Treatments were administered and attempts were made to hand feed the dog, but the dog was not interested.

7. Complainant visited the dog. During this time, the dog vomited blood – Respondent recommended taking the dog to an emergency facility for a possible blood transfusion. Complainant declined due to financial constraints. Complainant also declined radiographs and blood work. Respondent relayed that the dog may not make it through the night.

8. On May 9, 2019, the dog had received 738mLs LRS since hospitalized. There was vomit and diarrhea in the cage from overnight and the dog did not appear to be any better from the previous day. The dog's temperature was going down; she was lethargic and was not interested in food. Dexona 0.5mg was administered IV slowly along with her other treatments.

9. Respondent discussed the dog's condition with Complainant when she was visiting. He again recommended taking the dog to an emergency facility or humane euthanasia. Complainant declined – she wanted to keep the dog hospitalized to continue treatments and would pick up the dog later that day.

10. At 2:00pm, Complainant arrived to pick up the dog. There was no improvement therefore Complainant stated she would return at 5:00pm. Respondent stated that he waited until 5:15pm for Complainant to arrive; he then disconnected the dog from fluids and prepared her for discharge. Respondent left. At 5:30pm, Complainant showed up to pick up the dog, the dog vomited and began breathing heavy. She decided to humanely euthanize the dog, staff advised her that Respondent had left for the day therefore she took the dog elsewhere.

11. Later that day, the dog was presented to Dr. Clifford at Alta Vista Animal Hospital. The dog was obtunded and Complainant elected to humanely euthanize the dog.

SCRUFFY:

12. On May 7, 2019, the dog was presented to Respondent due to lethargy and anorexia. Complainant had hospitalized her other dog earlier with Respondent after being diagnosed with parvo. Upon exam, the dog had a weight = 14.5 pounds, a temperature = 100.6 degrees, a heart rate = 150bpm and a respiration rate = 28rpm. Respondent noted the dog was dehydrated and had been vomiting and having diarrhea. A parvo test was performed and was positive. Respondent again discussed Complainant's treatment options as he did with her other dog. Complainant elected to bring this dog in daily for SQ fluids and treatment. The dog was administered the following:

- a. LRS 250mLs SQ;
- b. Cerenia 3mg SQ;
- c. Cimetidine 75mg SQ;
- d. Ampicillin 150mg SQ; and
- e. Metacam 5mg/mL 0.2mL SQ.

13. On May 8, 2019, Complainant returned with the dog and requested the dog be hospitalized. The dog was examined and Respondent recommended taking the dog to a 24 hour facility since no one would be watching the dog through the night. Complainant declined and signed the hospitalization authorization form knowing the dog would not be monitored after closing. An IV catheter was set and the dog was started on the following:

- a. LRS 1 liter with 20mLs of Dextrose 50% - 100mLs bolused, then decreased to 30mL/hr;
- b. Ampicillin 100mg SQ twice daily;
- c. Cerenia 6mg SQ once daily;
- d. Cimetidine 75mg SQ twice daily; and
- e. Metacam 0.2mL SQ once daily.

14. On May 9, 2019, the dog had received 798mLs of fluids and vomited once overnight. The dog was medicated and Entice 30mg/mL, 0.8mL orally twice daily was added; the dog showed no interest in food. Respondent spoke to Complainant while she visited the dog and advised her that the dog may need another day of hospitalization. Complainant declined and stated she would pick the dog up the next day and administer SQ fluids and medications at home. Respondent told Complainant that he would check on the dog in the morning but would be out the rest of the day. She could speak with hospital staff and if she wanted medications she was to let staff know. According to Respondent, Complainant stated she had fluid and medications at home and would pick the dog up before noon the following day.

15. On May 10, 2019, the dog had received 1500mLs of LRS. Respondent administered the morning treatments and offered i/d food which the dog ate a little. Respondent attempted to contact Complainant before he left for the day but there was no response and the voicemail was full. He instructed his staff to give the dog the evening treatments if the dog was picked up in the afternoon. Complainant picked up the dog around 2:30pm and declined to take home any medications since she had some at home already. The dog had received approximately 1750mLs of fluids at the time of discharge.

16. Complainant stated that upon discharge, the relief veterinarian was not aware of the dog's treatment and Respondent did not leave him instructions. No medications were prescribed. Once home, the dog continued to vomit and have diarrhea therefore Complainant took the dog to Alta Vista Animal Hospital the next day for humane euthanasia.

17. Complainant expressed concerns that Respondent did not advise her that there was no staff attending to her sick pets that were on IV pumps during the night. When she would visit the dogs, the IV pumps were not working and the dogs were soaked in their vomit, urine and diarrhea. Complainant stated that she expressed her concerns with Respondent on the third day and Respondent approved "Pinky" to be released, however when Complainant arrived to pick up the dog, the dog was incoherent, moaning and having difficulty breathing. Staff administered the dog sugar water and Complainant rushed the dog to Alta Vista Animal Hospital for humane euthanasia. Complainant picked up "Scruffy" the next day, the dog did not improve and Complainant had that dog humanely euthanized as well.

COMMITTEE DISCUSSION:

The Committee discussed that a pet can potentially recover from parvo if appropriate medical attention is provided and even in those cases, there is not a guarantee of survival. The dogs did receive IV fluids and medications as recorded in the medical record.

The Committee felt it was difficult to believe that Complainant was unaware that no one would be monitoring the dogs overnight due to the documents signed and signs posted.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

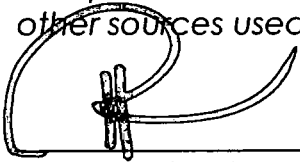
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'Tracy A. Riendeau', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division

DOUGLAS. A DUCEY
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

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IN ACCORDANCE WITH § A.R.S. 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the October 16, 2019 meeting of the Arizona State Veterinary Medical Examining Board, the Board conducted an Informal Interview in Case 19-83, In Re: Gurjit Sandhu, DVM.

The Board considered the Investigative Committee Findings of Fact, Conclusions of Law, and Recommended Disposition:

Dismiss this issue with no violation.

Following the informal interview with Respondent, the Board felt Respondent's medical care was not appropriate and voted to find a violation of **A.R.S. § 32-2232 (12)** as it relates to **A.A.C. R3-11-501 (1)** failure to provide professionally acceptable procedures in the treatment of parvo by using steroids and metacam concurrently and not continually monitoring "Pinky" and sending home the dog that had declined since the last exam; the pet owner was not made aware of the dog's condition and no other recommendations were given for treatment.

Respectfully submitted this 15TH day of January, 2020.

Arizona State Veterinary Medical Examining Board

A handwritten signature in black ink, appearing to read "Jim Loughhead", written over a horizontal line.

Jim Loughhead, Chair